

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		4		1		
6		1		1		
7		1		1		
8	/		/			
9	/		/			
10		/		/		
11		/		/		
12		8		6		
13		1		1		
14		1		/		
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TOTAL IND.	5		5			
TOTAL DEP.	18		15			
TOTAL CLAIMS	23		20			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						